Date		C. A. #
	CITY OF WICHITA	

DELANO DESIGN REVIEW APPLICATION

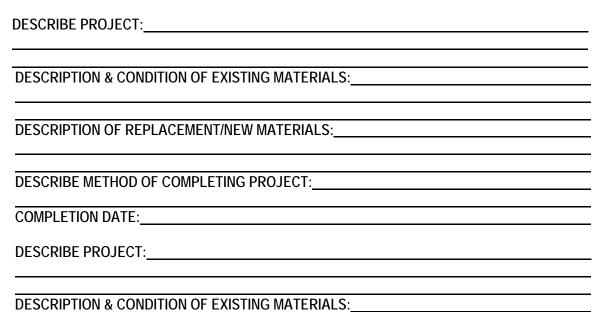
Return to:

Historic Preservation Planner Metropolitan Area Planning Department City Hall Tonth Floor

City Hail, Tenth Floor 455 N. Main St. Wichita KS 67202 Phone: (316) 268-4421 FAX: (316) 268-4390		Please type or print clearly.	
Address of Property:			
Name of Applicant:			
Address of Applicant (Include ZIP):			
Applicant's Phone:	(Office)	(Home)	
Name of Owner (if different):			
Address of Owner (if different):			
Owner's Phone:	(Office)	(Home)	
Contractor/Architect:			
Contractor/Architect Phone:			_

Describe each modification or improvement, using one numbered section each. Attach current photographs of each side of the structure and detailed photographs of any area affected by the modification(s). Complete applications will indicate materials and specifications, and drawings showing each improvement in detail, including floor plans and/or elevations as applicable. A completion date should be projected for each portion of your project.

NOTE: This is <u>not</u> a Building Permit!



	DESCRIPTION OF REPLACEMENT/NEW MATERIALS:								
	DESCRIBE METHOD OF COMPLETING PROJECT:								
	COMPLETION DATE:								
3.	DESCRIBE PROJECT:								
	DESCRIPTION & CONDITION OF EXISTING MATERIALS:								
	DESCRIPTION OF REPLACEMENT/NEW MATERIALS:								
		DESCRIBE METHO	D OF COMPI	LETING PROJE(CT:				
		COMPLETION DATE	_						
		COMPLETION DATI	L:						
	RECEIV	/ED BY:							
				Applicant's Signature	Date				
	Preserv	ation Planner	Date	_	Owner's Signature	Date			
	APPRO	VED BY:							
	Directo	r of Planning	Date	-	Superintendent OCI	Date			
				FOR STAFF US	E				
PROJEC	CT 2 MAJO	DR MINOR DR MINOR DR MINOR	Approved Approved	d Approved w/ d Approved w/	Conditions Specifications Atta Conditions Specifications Atta Conditions Specifications Atta	nched Denied			
		CONDITIONS:							